

## DOCUMENT RESUME

ED 404 577

CG 026 887

TITLE Voices from the Wilderness: An Idea Book for Rural Health Educators.

INSTITUTION Northwest Regional Educational Lab., Portland, OR, Rural Education Program.

SPONS AGENCY Department of Education, Washington, DC.

PUB DATE Oct 95

CONTRACT R215B20124

NOTE 109p.

PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC05 Plus Postage.

DESCRIPTORS Adolescents; Children; Community Health Services; \*Comprehensive School Health Education; Elementary Secondary Education; \*Health Programs; \*Rural Areas; \*Rural Schools

IDENTIFIERS Health Educators; Rural Health Clinics

## ABSTRACT

Rising rates of violence, teen pregnancy, child suicide, poverty, and youth crime are providing a wake-up call for educators and communities. This handbook is the culminating effort of a project designed to improve health programs in small, rural schools. Of the 16,000 school districts in the United States, more than one-half are small and rural; children in these rural districts are more likely to be poor, face greater obstacles in obtaining health care, and receive fewer school services, when compared to children in non-rural districts. This book provides a practical tool to use in planning, implementing, and evaluating a comprehensive school/community health program. It is based on the premise that health is at the heart of success for children. The text is divided into three parts. In Part I, ideas for planning and organizing local health initiatives are presented. Tips on organizing people, setting goals and action plans, and ways to evaluate progress are given. Part II, Ideas for Comprehensive School and Community Health, highlights eight areas of comprehensive health, including environment, staff wellness, support services, physical education, and other factors. Resource ideas are presented in Part III, with ideas on troubleshooting and lists of community resources. (RJM)

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# ***Voices from the Wilderness***

**An Idea Book for Rural Health Educators**



Rural Education Program  
Northwest Regional Educational Laboratory

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1995, NWREL, Portland, Oregon

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The contents of this publication were developed under Grant No. R215B20124 with the U.S. Department of Education, a total of \$598,468 over a three-year period. However, the contents do not necessarily represent the policy of the Department of Education, and endorsement of the contents by the federal government should not be assumed.

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## **An Idea Book for Rural Health Educators**

Rural Education Program

Northwest Regional Educational Laboratory

Portland, Oregon

October 1995

Grant No. R215B20124

U.S. Department of Education

Fund for the Improvement and Reform of Schools and Teaching

Comprehensive School Health Education Program

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Dear Reader:

## Prologue

We are privileged to be a part of a federally funded grant to improve health programs in small, rural schools. During this SCHARP (School-Community Health Alliance for Rural Practitioners) Project, we learned many lessons and hope we can communicate to you our newfound wisdom along with our passion for comprehensive health.

This handbook is the culminating effort of this project. It has been created by rural educators for rural educators in an honest attempt to provide a practical tool to use in planning, implementing, and evaluating a comprehensive school/community health program (CS/CHP) which is unique to your own locale. We believe that health is at the heart of success for children. It is clear that educational reform will not succeed unless it fully incorporates their health needs. It is the basic of basics.

Sometimes it seems as if the very fabric of our society is unraveling. Rising rates of violence, teen pregnancy, child suicide, poverty, and youth crime are providing a wake-up call for caring educators and their communities. The school districts of America are not all metropolitan. Of the nation's 16,000 school districts, more than one-half are small and rural. The Children's Defense Fund tells us that:

1. Rural children are more likely to be poor than nonrural children
2. Rural children face greater obstacles in obtaining health care than do their nonrural peers
3. Rural children are more often shortchanged when it comes to preschool services, school resources and youth development services (Sherman, 1992)

The time to take health education seriously is now because our future depends upon the health, education, and well-being of our youth. We hope you become an advocate for improved health education in your school and community. Your desire to make positive change will be a very important aspect of your improvement efforts. Remember the change process starts with planting seeds and requires continued nurturing of the environment to help them sprout. Keep in mind the tradi-

tions and values of the area in which you work. This book is designed to help you make a plan for comprehensive health in your school and community. Seek balance and support. We understand the hurdles and barriers as well as the rewards and excitement in doing this.

For a healthy future,

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## What is SCHARP?

The Rural Education Program of the Northwest Regional Educational Laboratory (NWREL) was awarded a three-year federal grant to build on advances in the nation and in the Pacific Northwest of community/school health education in small, rural schools. More than 20 small, rural elementary schools sent teachers, administrators, and school health nurses from Alaska, Oregon, Washington, Idaho, and Montana to be trained to lead their schools and communities in health education. Elementary schools, especially in rural areas, are not likely to have certified health educators on staff. Therefore, the focus of the SCHARP Project was to enhance leadership skills and health education knowledge for the SCHARP participants.

Participants attended a summer academy, a two-week intensive session led by NWREL and faculty from five universities from the Northwest states. Rural educators rarely have the opportunity to interact with each other in the same state, let alone learn and collaborate with others throughout the Northwest region. The School-Community Health Alliance for Rural Practitioners (SCHARP) academy provided leadership training, some health education knowledge, a wealth of resources, and organizational and planning skills. Each participant had a strong desire to initiate change in health education at home, but lacked the knowledge base that is necessary for change to take place.

Believing that their communities would benefit from an improved health program, they were willing to go the extra mile to provide this opportunity. Besides learning new skills, an integral part of the academy was developing a specific action plan for implementing a community-school comprehensive health program (CS/CHP) at home. As a result of the academy, participants possessed renewed dedication and passion for promoting health education in their small schools and communities.

Among the SCHARP action plans which academy participants implemented were:

- Setting up part-time clinics in the school
- Training teachers in comprehensive school health
- Providing multicultural instruction in health
- Teaching first aid
- Promoting staff wellness activities
- Setting up student assistance teams
- Developing health curriculum
- Conducting after-school programs
- Organizing safety committees

- Working on crisis management strategies
- Addressing nutrition in school lunch programs
- Developing health networks to link community and school agencies

Opportunities to help you develop and implement similar strategies may be found through the resource pages in this idea book and by contacting your universities and state departments of education and health, as well as various professional associations and organizations which support the well-being of children and families.

As a rural teacher, administrator, or school/public health nurse, you may feel that you are isolated or that the size of your school limits your resources too much. But, small can sometimes be turned into an

advantage with less bureaucracy and red tape, everyone has to pitch in to get things done.

Networking will connect you with resources and ideas to help you prevent burnout and sustain your commitment to your CS/CHP. You will find many networking ideas in this book.

At the SCHARP academy, participants realized that they shared many commonalities, even though their rural communities were sometimes very different. They were different sizes, ranging from 50 to 2,000 people. Indeed, there are degrees of rural. Sometimes rural is a remote, one-room school with nine kids, K-12, in a three-family community. Or at the other extreme, rural schools can be part of large districts relatively close to the city. The ideas in this book represent the practical aspects of working within those contexts.

## Part I

### Ideas for Planning and Organizing Local Health Initiatives

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## A. Organizing People

### 1. Leadership

Would you like to see a comprehensive health program in place in your school/community? Every program needs a leader—someone to facilitate the process. The fact that you are reading this suggests that you are probably it. In small schools, you may be it by default. And if you are already a leader at your school, you can be a leader for a comprehensive health program.

One of the major roles of a leader/facilitator is to empower others to get the job done. The leader is, in essence, the coach, facilitator, coordinator, cheer-leader, mediator, mentor, director, organizer, supervisor, advocate, and burnout preventor. Leaders are:

- People oriented
- Open minded

- Listeners
- Communicators
- Problem solvers
- Goal oriented
- Energetic
- Decisionmakers
- Delegators
- Optimists

Is this you? From our experience, the most important quality a leader needs is to be a people person with the skill to recognize strengths of others. You probably already possess many of the qualities and skills and much of the knowledge necessary for a role as a CHP leader. You might even want to have a co-leader with whom to share tasks. Leaders don't have to do it all. Delegate. Take small steps and allow yourself to celebrate each success.

## **Skills of Leadership**

### **Skills of Personal Behavior:**

- Be sensitive to the feelings of the group
- Identify yourself with needs of the group
- Learn to listen attentively
- Refrain from criticizing or ridiculing members' suggestions
- Help each member feel important and needed
- Don't be argumentative

### **Skills of Communication:**

- Make sure everyone understands not only what is needed, but why
- Promote good communication within your group
- Summarize contributions of participants
- Keep the group focused on the topic at hand
- Encourage participants to develop incomplete ideas
- Summarize feelings as well as content
- Point out when it may be more useful to move on in the agenda

### **Skills in Equality:**

- Help everyone feel recognized for his or her contributions
- Share the leadership
- State problems in constructive ways
- Help the group focus on solutions, not problems

### **Skills of Organization:**

- Help the group to develop long- and short-range objectives
- Break big problems into smaller, manageable ones
- Share opportunities and responsibilities
- Plan, act, follow up, and evaluate

## 2. Involving Administrators

The success or failure of your comprehensive school health program may hinge on the effective involvement of your administration in the program. There are several reasons for this involvement:

1. Building principals are responsible for making decisions in regard to building budgets, release time, curriculum, etc. The level of involvement of the principal in the comprehensive school health program (CSHP) may determine the level of priority your building gives to the program.
2. The back to basics movement may leave CSHP in a vulnerable position. The active support of the building principal can drive home the validity of the statement, "health education is the basic of the basics," to the key decisionmakers in the school district.
3. Getting a busy administrator actively involved in a curriculum area such as health education can be an enjoyable activity for the administrator, who is often snowed under with other tasks. Care must be taken to keep the time commitment reasonable.
4. Administrators, teachers, and community working together on developing and implementing a CSHP can be a very positive experience as all parties experience each other as equal participants in a very worthwhile undertaking.
5. After the initial enthusiasm in the CSHP begins to fall off, administrators can provide the spark that keeps the interest alive.
6. The administration often plays a major role in the public relations program. Good press for the CSHP is very important especially when more sensitive topics need to be addressed (e.g., AIDS education, good touch/bad touch, etc.).
7. Administrators can help coordinate programs between other buildings and grade levels as administrators often meet as a group to discuss programs that are working well and share implementation strategies.
8. Secondary level participants often have a direct influence on graduation requirements. Their support is critical when a district is working on changing the high school graduation requirements.
9. The building principal is the instructional manager. Helping this professional gain knowledge of the CSHP will help him/her do a more effective job of monitoring this important program.
10. Any parent/patron who complains about sensitive content or about methods used will come to the attention of the administration. The administration's continued understanding and support of the CSHP will help dodge the inevitable

curves thrown at the program over time. Concerns will be more readily resolved when the administration is aware of and supportive of the CSHP.

11. Administrators play a key role in the staff development program. The CSHP program can be strengthened considerably when the administration is setting CSHP as a priority for the entire staff. An example of this concept would be making sure that CSHP topics be included in a staff survey of perceived professional development needs.

12. Administrators can play a leadership role in pushing forward the concept of staff wellness and in supporting an employee assistance program. The result will be an improved learning/teaching environment for all persons involved.

Administrators can make a difference. Keep this fact in mind when working on your CSHP and plan accordingly.

**" . . . Comprehensive means we have to do it all—every year. That's a bit overwhelming. Can we commit to that?"**

**—School Principal**

### 3. Building Teams

Okay. You are it. You are committed to the community-school comprehensive health program. Now it is time to find some HELP! Build your health team. A team is a group of people who work together for the achievement of a goal by keeping the purpose of the project in mind at all times. We found that a well-structured team required a variety of talents and interests. Teams within the SCHARP Project looked different from one another. Some of the teams were a mix of school staff and community professionals; others consisted of the whole staff, using community members as advisors. Maybe you have a great committee already in place that would make a suitable health team.

If you are building your team from scratch, decide on the mix—school, community, or both. Then recruit between four and 10 members who represent either a variety of professions and lifestyles in your community or different roles in your school. Think of people who have a vested interest in the health of your school. A cross section ensures community support, cooperation, and ownership.

Think about the actual tasks that need to be done. To make a well-rounded team, you'll need people who are talkers, walkers, thinkers, and encouragers.

TALKERS—those in charge of the public relations

WALKERS—those who organize the setup and paperwork

THINKERS—those who are the problem solvers, brainstormers, and dreamers

ENCOURAGERS—those who give the much needed pats on the back

As a facilitator, your job is to delegate tasks. There are many ways to complete a task. It may not be done exactly the way you would do it; your job is to choose the right people and then trust and allow them to do the work. Teams need to keep in constant communication, keep good records, and remain open to new ideas.

In every community, there are people who are involved in all the projects and do a great job. But please remember that others need to be invited to help. You may know a person with special talents who doesn't readily volunteer. ASK THEM! We discovered many people with hidden talents in our communities. Seek yours out. Make some calls. It is a healthy thing to do.

### Principles of Collaboration\*

#### 1. Join with the others

- Use we language
- Seek common interests
- Consult before acting
- Move closer nonverbally

#### 2. Control the process, not the person

- Use setting, timing, and other factors creatively
- Limit or increase the number of people involved to help the collaborative effort
- Encourage the other to expound fully—listen actively even when you disagree (set ground rules: three full minutes)

#### 3. Use principles of productive communication

- Be unconditionally constructive
- Refuse to sabotage the process

- Separate the people from the problem

- Persuade rather than coerce

- Refuse to hate the other

#### 4. Be firm in your goals, flexible in your means

- Be provisional—seek alternate means to your goals
- Separate content and relationship issues
- Focus on interests, not positions

#### 5. Assume there is a solution

- Invent options for mutual gain
- Tackle issues first where agreement is easy
- Take issues one at a time
- Refuse to be pessimistic

\* A very special thanks to Dr. William Wilmot, Department of Interpersonal Communication, The University of Montana for sharing these principles

**"It" is Not Me, But I'd Love to Help  
(Pointers for the Team Member)**

Welcome to the team. Your role is one of support. Team members share responsibilities and often work on separate tasks.

Remember to:

- Ask questions
- Attend all meetings and take notes
- Keep a schedule of what needs to be done and when

- Report to the team leader regularly
- Do your assigned tasks
- Encourage other members, especially the leader

It is important for team members to keep the team's goals in mind. Anyone with a personal agenda puts the entire project in jeopardy. Functional teams have shared agendas. We found that brainstorming is a great technique for getting ideas out, but compromise usually follows. A team worker is willing to make assists and rebounds for the good of the team.

**"Every year each grade level just covered what they wanted to in health. We were just skimming the surface of what can really be done in health. We need a better plan if we aren't going to miss things."**

**—First Grade Teacher**

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## B. Communicating the Message

Leadership has been established; the team is working. Keep everyone on your team informed of what is going on. And when appropriate, be sure to communicate your ideas and actions to the staff, administration, board, students, and community. **COMMUNICATE, COMMUNICATE, COMMUNICATE.** Good communication is the essence of success.

Here are some helpful communication tips:

- Appoint a team member to be in charge of public relations and information
- Keep a calendar of meetings and events
- Coordinate meetings with other scheduled community/school events
- Publish schedules, meetings, minutes, and outcomes of events in the school and/or local paper
- Report accomplishments to the school board
- Keep community organizations informed

It is easy to assume that everyone knows what is going on because your world will seem filled with

CS/CHP. You need to keep communicating your goals and successes. Enthusiasm is contagious.

## Organizing Presentations

Communication with a variety of audiences is very important and will be ongoing. The following presentation outline, in whole or part, was used successfully by many of us to present information at school board meetings, staff meetings, inservice, community meetings, health team meetings, and health fairs. The most important thing you will need to do is communicate your passion for CHP—why it's important, what's in it for your audience, and why it will be worth the effort.

### A. Presentation Preparation

1. Confirm time, place, number of participants, availability of needed media equipment, etc.
2. Prepare overheads and handout materials
3. Take along extra an extension cord and electric plug-in adapter, overhead markers, large chart paper/easel, etc.
4. Arrive 15-30 minutes early to set up and handle any last minute challenges

## B Introduction

- 1 Self-introduction
- 2 Thanks for opportunity to speak
- 3 Overview of presentation
- 4 Optional: self-introduction by audience members

## C Understanding What A Comprehensive School/Community Health Program Can Do For Our Kids, Adults, Schools, and Community

- 1 Statement of concern
  - a. Select statistics from region/state/nation
  - b. Share personal interests, concerns, and/or positive experiences related to statistics
- 2 Rationale for comprehensive school/community health programs
  - a. Fifty percent of diseases and deaths are related to personal choices (i.e., are lifestyle related)
  - b. Healthy kids are better learners
  - c. Prevention can help reduce soaring medical costs

- d. A comprehensive, sequential, integrated, and collaborative program, taught by well-trained professionals and reinforced by parents, peers, and the community, is needed to keep youth informed about the ever-increasing and changing base of health information
- e. Youth with well-developed decisionmaking and communication skills are better prepared to evaluate information and choose healthy behaviors

## 3. Definition and description

- a. Eight areas of a comprehensive school/community health program
- b. Health education today—dispense with myths and negative baggage
- c. State mandates/available guidelines and frameworks

## 4. Effectiveness

- a. Statistics from organizations such as Met Life and American Lung Association, among others
- b. Give examples of programs that are working

## 5. Resources

- a. State department of education
- b. Local health organizations and service providers such as health districts, hospitals, clinics, mental health clinics, and health and welfare, among others
- c. Local health education networks
- d. Institutions of higher education
- e. Local nonprofits (e.g., Heart Association, Lung Association)

## 6. Importance of collaboration between home, school, and community

- a. Consistent and reinforced messages increase impact on kids
- b. More efficient use of limited resources
- c. More than 80 percent of parents support comprehensive school/community health programs even when controversial topics are included

## D. Together We Can Make A Difference By Taking Action

### 1. In our families:

- a. Acquire accurate information on health topics and discuss with your children at home
- b. Help children to develop healthy habits
- c. Encourage schools and communities to provide a comprehensive school/community health program that addresses the needs of youth and are based on current knowledge about effective health education programs

### 2. In our community:

- a. Work with parents and schools to plan a comprehensive school/community health program
- b. Provide support for family efforts to educate youth about behaviors that promote health
- c. Provide alternatives to risk behaviors such as community athletic leagues, church sponsored activities, art activities, and other social events that let our youth know that we care

3. In our schools:

- a. Adopt appropriate school health policies
- b. Involve families and the community in the planning of health education programs
- c. Implement a comprehensive school/ community health program which

encompasses each of the eight areas outlined in the Allensworth and Kolbe model

- d. Encourage and support health educators' skills-based training and retraining efforts
- e. Collaborate with community agencies to coordinate services

**"The community's not going to own it or consider it theirs unless it fits into the way they live."**

**—SCHARP Teacher**

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## C. Setting Goals

After you've formed your health team, you'll want to enlist its help in creating a mission (vision) statement for your CS/CHP and in writing your health goals. Using input you gather from the community and staff is critical in creating ownership for the project. Even though this can take a while, it is a very unifying and valuable part of the process towards a successful CS/CHP in your school and community. Write a few sample mission statements that you feel reflect the values of your community, or ask your staff to create some.

If your school already has a mission statement for health in place, then move on to writing goals.

In setting goals for health programming you may ask, "What do we want for our community's health? What do we want for your children?" This can be done in a brainstorming session with the health team. (A word of caution: if your team does not include representation of your staff, you may want to brainstorm with the entire staff about perceived health needs also. Your CS/CHP will not succeed without the support and ownership of the staff designated to carry out the plan.)

Here are some sample health goals:

- Wake people up to their own power in health choices

- Increase world health awareness
- Understand puberty, growth, and development
- Make healthy nutritious choices
- Be better physically fit
- Understand what promotes wellness
- Increase first aid skills
- Increase personal safety
- Do a variety of physical activities
- Understand the importance of personal and home hygiene
- Make good choices about substance (drug/alcohol) use

One rural school health team took a list of goals, the components of comprehensive health, and the topics of health curriculum and began to develop a survey for its community. A survey is a critical step as it helped to find the community's priorities and perceived needs. The survey also included the goals developed by the committee to get feedback from the community. Room was provided between each question so that respondents could add comments. The survey closed with "Please add any additional comments" to encourage

as much input from the community as possible. When the surveys were returned, the team tabulated the results and met to discuss and reflect on the information, and to begin planning for change.

Another school found that written surveys were not returned, so they informally surveyed the parents of

their students at a school picnic. A third school did a short survey, both orally and written, of three provocative, open-ended questions. They had a second survey for students.

**"The problem that I was feeling in our district was that we decided on this great curriculum, we were really proud of it, and now we think we're done. Everyone thinks we're done. We clearly aren't."**

**—A SCHARP Teacher**

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## **D. Agreeing on an Action Plan**

Right now, write down 20 things you do for health in your school.

Could you do it? If you couldn't list 20 items, one of your goals could be to incorporate elements into a CS/CHP that will enable you to do it next time. Now you can begin your plan.

By trial and error we found that the most important challenge you will encounter in the planning process is to develop your action plan, set your time frame and set your goals. Remember to look at long-term goals, but set short-term goals. Sometimes, your wins will be small. Take time to celebrate the small wins and go forth!

Planning requires estimating a time frame for establishing programs and making other needed changes. Judge the amount of time needed before you begin implementation. Carefully match your goals and objectives with the activities you plan. Remember you must set a destination to know if you're at the end of your journey.

To get started, your key resource requirements must be identified and then you must assess your current existing resources. We discovered that some schools had little or no money to work with, but had resource people available. Other schools had plenty of dollars but minimal resource people to tap.

The following is an example of an action plan overview.

### **An Action Plan for Developing a Comprehensive Health Education Program**

1. Make health a priority for students and staff in your school
2. Make a policy commitment to CSHE
3. Choose or decide on a health director/leader
4. Form a school health education team
5. Assess health attitudes, behaviors, needs, and values
6. Set goals and evaluation criteria
7. Decide on curricula
8. Initiate and incorporate a staff wellness program
9. Provide staff inservice for health
10. Seek long-term commitment; prepare for funding

11. Involve community members
12. Conduct evaluation and ensure accountability

In an even more simplified form, try the NOPE approach to action planning:

N = needs assessment

O = objective setting

P = plan for reaching your objective

E = evaluation of your progress

A timeline of priorities can also be helpful. For instance, schedule yourself to have the team established by a certain date, and hold the first meeting by a certain date. These small scheduled goals help you reach the objective in increments and the process does not seem so overwhelming. It also helps to be able to check your progress by looking back at your calendar of accomplishments.

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## E. Evaluating Progress

Evaluation is a critical and helpful tool when properly planned and carried out. It is a foundation for program planning in setting and measuring benchmarks to demonstrate accomplishments, to point to those areas that need improvement, and to provide an accountability tool for reporting to a variety of audiences.

When you plan with adequate lead time, evaluations can be structured and carried out in a user-friendly manner. The following are some tips in developing an evaluation plan.

1. Evaluation needs to be worked out during the program planning stage.
2. Remember that evaluation serves two practical purposes
  - a. to help decide what changes, if necessary, are needed to improve the program during implementation
  - b. to help communicate program outcomes
3. Keep it simple—if you can't describe your plan, its doubtful that you will be able to carry it out.
4. Evaluate the most important. Do not attempt to evaluate everything!
5. It is difficult to evaluate the direct impact of prevention-based programs. Therefore, plan up front how you will gauge success (e.g., consumer satisfaction surveys, statistics on numbers of students served, etc.).
6. Plan for annual reviews to
  - a. review the current year
  - b. revisit your vision statement
  - c. revisit your long-range goals
  - d. establish a plan of action for the oncoming year

## **PART II:**

### **Ideas for Comprehensive School and Community Health**

#### **Allensworth and Kolbe's Model: Eight Areas of Comprehensive Health**

You believe that health is important and that something should be done about starting a comprehensive health program in your school. Now where do you start?

There are many definitions of comprehensive school health programs depending on your own perspective and the needs of your community and its children. As we were planning what to do at our own schools when we returned home from our training, we chose to follow the recommendations of Lloyd Kolbe (Allensworth and Kolbe, 1987) who suggested eight components in developing a comprehensive program.

This section is separated into eight Allensworth and Kolbe components. The first thing you'll discover is that they all overlap. In almost everything you do for comprehensive health in your school, you'll find that some other area is involved to make it successful. Health instruction can be enhanced by specialists in health services, your physical education classes, support services within the school, and integration with resources in the community. You are already doing many of the things necessary to make a comprehensive health program effective and functioning in your own school. Now you have to establish some consistency across the grade levels and school years, and you're on your way! The Allensworth and Kolbe model

will help keep you accountable to areas you feel are important. We took ownership of those for ourselves but you will have to decide how much emphasis to place on each area, and which ones are important to your community.

What is involved in each area? Here are some guidelines to consider:

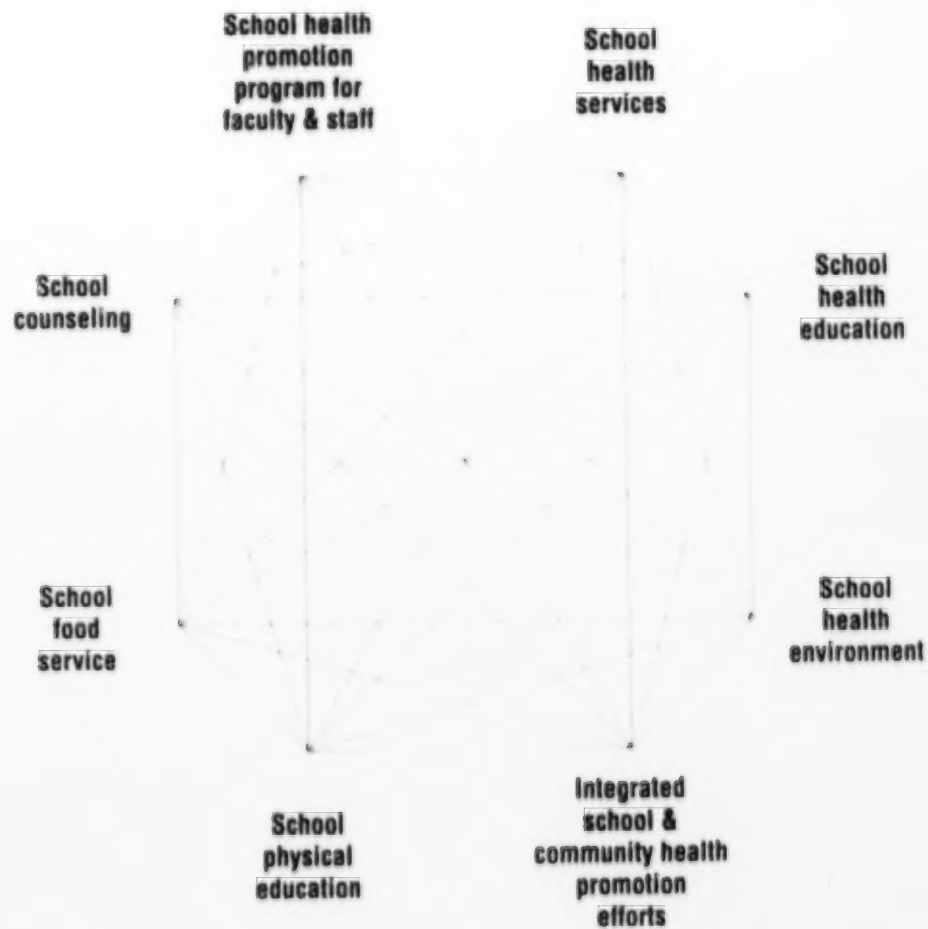
#### **1. School Health Services**

- Prevention, intervention, and remediation of specific health problems
- First aid, illness, and injury attention
- Services for handicapped/disabled
- Personnel: nurses, doctors, and dentists
- Service and education for staff

#### **2. School Health Education**

- Curriculum (sequential, developmental, and integrated)
- Goals that promote and develop wellness, behaviors, and attitudes, and add to knowledge

# Allensworth and Kolbe's Model



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Topics to consider:

- a. Accident prevention and safety
- b. Community health resources
- c. Consumer health
- d. Family life education
- e. Mental and emotional health
- f. Environmental health
- g. Nutrition
- h. Personal grooming
- i. Disease prevention and control
- j. Substance use and abuse

### **3. School Health Environment**

- Psychosocial environment, and school climate
- Physical conditions of school (humidity, noise, light, heat, and ventilation)
- Physical safety for staff and students

- Sanitation
- Site and location

### **4. Integrated School and Community Health Promotion Efforts**

- Outreach from both sides
- Integrated, cooperative, and overlapping programs
- Collaboration
- Community activities on school sites and school activities on community sites

### **5. School Physical Education**

- Health related fitness
- Motor coordination and performance
- Self-expression and social development

### **6. School Food Service**

- Breakfast, lunch, and snacks available at schools
- Nutrition education

### **7. School Counseling**

- Counseling/vocational guidance
- Broad-based interventions
- Assessment/evaluation to improve performance or adjustment to school
- Implementation of special provisions and laws (i.e., IEPs, 504 plans)

### **8. School Site Health Promotion Program for Faculty and Staff**

- Programs and services for staff
- Employees active in maintaining health to improve productivity and provide role models

**“Health means taking care of you.”**

**—A Fourth Grade Student**

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## A. Environment: How Healthy is Your School?

When you are considering how healthy your school is, one of the first things you will need to think about is the environment. The physical environment of your school includes things such as noise, humidity, cleanliness, water quality, proper waste disposal, school safety, adherence to building codes, and sanitary food services, among others. Is your building located in a safe place in town? What hazards are there? In some rural schools involved with SCHARP, it was necessary to move cattle, deer, bears, or moose from the playground before recess, or to keep the children inside until these animals left the area.

If you have a maintenance supervisor to consult, or if you are it, you may want to ask appropriate questions about the school environment and how safe and/or healthy it is. Delegate a team or a process to take care of observable and fixable deficiencies and develop a way to evaluate if it's being done. This is an area where you usually need help, so delegate. One of our schools included a building maintenance team in its strategic plan to address this area on an annual basis.

When a random sample of the American public was surveyed in 1994, Public Agenda reported that "(it) seems axiomatic to people that schools should be safe, orderly, and conducive to teaching and learning

But Americans in all parts of the country and across every demographic category say their local public schools are not providing this basic underpinning for sound education" (Johnson and Immerwahr, 1994). The second part of the environment component is the psychosocial environment of your school. Are you socially and emotionally healthy? What conditions affect security, productivity and well-being of students? While we have limited power in most instances to reduce or eliminate the risk factors for our school children, we can still help them to develop a trait called resiliency. "Resiliency is the term used to describe the quality in children who, though exposed to significant stress and adversity in their lives, do not succumb to the school failure, substance abuse, mental problems, and juvenile delinquency predicted for them" (Liquanti, 1992). The school environment can provide some of the protective factors that can alter or reverse these predicted negative outcomes and foster resiliency.

The following values help discourage risk-taking behaviors:

- Non-violence
- Health
- Strong families
- Helping others
- Forgiveness

The social climate of your school and emphasis on these values can help change the notion that students are problems to be fixed (at risk) and, instead, are personalities to be protected and nurtured (resilient). Our most important job is to help our students become competent in:

- Sustaining positive relationships
- Using problem-solving skills in daily life
- Having a clear sense of self-esteem, purpose, and future

Schools and communities have a unique opportunity to offer key protective factors to their students when the following are included in their environment:

- A caring and supportive relationship with at least one person
- Consistently clear, high expectations communicated to the child
- Opportunities to socialize and actively participate in a positive way

Resiliency became the central theme of our vision for healthy school environments. Go to work on developing protective factors in your own school and communities. The rewards will be great.

**"A good site environment does not have to be a fancy building or modern technology—it's you(r) and your students' warmth, love, and understanding."**

**—A SCHARP Teacher**

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## B. Staff Wellness

School staff must buy into and model health promotion before comprehensive health education can truly work. The ultimate goal of encouraging staff wellness is to develop employees who are active and interested in improving their own health and wellness. Some schools have shown a decrease in sick leave and insurance claims (which means saved dollars) when an active wellness program is in place.

In the beginning, several participants found that getting staff members interested in their own wellness was the key to putting the rest of the Allensworth and Kolbe model in place. We all recognize that we tend to take care of ourselves last. There is neither time nor energy left to nurture ourselves. Helping teachers understand that their own personal wellness (be it physical, mental, emotional, intellectual, or spiritual) is a key factor in the success of comprehensive health projects.

Some of us began by issuing personal wellness surveys, followed by inservice and casual support groups for exercise, weight loss, and stress reduction. Inservice and workshop ideas included:

- Issues about teamwork
- Burnout prevention

- Personal health and wellness
- Physical fitness assessment
- Communication skills

Here are some tangible activities that support school staff wellness:

- Counseling for staff
- Developing clear job descriptions for all staff
- Establishing clear health policies for drug/alcohol, safety, and listing resources for support
- Creating a pleasant, cheerful lounge for staff (find ways to encourage positive attitudes and discourage negativity in the lounge)
- Encouraging recognition and support for teachers from administration and board

Simple, effective ways to start grassroots school-site wellness programs are:

- Use humor—cards, notes, and posters
- Post inspirational sayings in strategic places
- Create a pleasant atmosphere by adding music

- Place health magazines and articles in accessible places
- Give door prizes and provide refreshments at meetings
- Submit articles on health and wellness to the school paper
- Compliment, encourage, and model wellness to a negative staff member
- Learn to practice and recognize random acts of kindness

- Plan alcohol-free fun times for staff members and families; don't talk shop
- Organize a 100-mile walking club; make a yearly goal of how many miles your staff will log
- Conduct onsite cholesterol and blood pressure checks

All of these appear easy—and they are. That's why they are perfect for beginning change in your building. Wellness efforts tend to be contagious. You might find yourself in an all-out epidemic of site-based wellness programs.

**"Take care of yourself, then you're better able to take care of other people."**

**—A SCHARP Teacher**

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## C. Support Services

The support services considered here deal with the promotion of schoolwide mental, emotional, and social well-being. Specialists such as school counselors, social workers, and psychologists are usually not available onsite at rural schools on a consistent basis. However, rural schools can address these issues in the classroom to help prevent the onset of mental and emotional health problems.

Everyone is a counselor to a certain degree. Being a good listener and knowing referral sources for those instances when you know the situation is beyond your capabilities to help is also important to keep in mind.

The following list is a menu of timely topics that could be addressed in the regular classroom in a variety of ways.

1. Divorce
2. Substance abuse by students or their parents
3. Teen sexuality and pregnancy
4. Depression
5. Suicide
6. Sexual and physical abuse

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7. Problems with family members or friends
8. Concerns about career and future
9. Violence prevention
10. Problem-solving training
11. Life skills training
12. Study skills training
13. Social skills training

These topics can be addressed by guest presenters such as school counselors, public health nurses and community specialists. The topics are often included in pre-packaged curriculum, videos, computer programs, health books, and magazines available in libraries. If your library has limited health resources, call or write to a college or large city library for an inter-library exchange.

Here's an example of one way to incorporate a social skills development program within your school and community. It was designed by a community/school action team whose primary goal was to provide social coping skills for the students in their district.

In the plan, five strategies were identified to carry out social skills development. Each strategy identifies the population affected as well as the person(s) assigned

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the primary responsibility for carrying out the strategy. Implementation strategies included:

Strategy 1: Select and activate an intervention team responsible for facilitating social/coping skills and dealing with health issues

Strategy 2: Ensure consistency and availability of personal counseling services for all students

Strategy 3: Implement social skills training as part of a comprehensive health program

Strategy 4: Maintain the Natural Helpers Program

Strategy 5: Implement a mentor program for K-12 at-risk youth

Another approach for handling difficult situations in rural schools is the school assistance team. Team members:

1. Concentrate on a specific problem
2. Determine the cause of the problem
3. Devise an intervention plan
4. Connect with the home and/or outside agencies

Selecting a case manager to head up team meetings and activities has proven very helpful in keeping everyone on task and informed. One school in the SCHARP project is implementing this model utilizing two approaches: cooperative discipline and the day treatment program. The day treatment program is offered through the Northwest Children's Home. A contracted counselor is sent to train school staff and work with specific children.

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## D. Physical Education

The Allensworth and Kolbe model for physical education includes health-related fitness, motor coordination and performance, self-expression and social development. Most curriculums address muscular and cardiovascular fitness. We all know that kids need to move. Studies show that muscular coordination development is directly connected to learning ability.

However, what if your school does not have a gym? What if there is a gym but no time is allotted for elementary use? We have found that these barriers can be toppled with time and creativity.

Here are some ideas:

- 20 minutes of stretches, aerobics, and strength exercises each morning before class
- 100-mile club in which each class walks  $\frac{3}{4}$  mile each day after lunch
- Bike-a-thons, jog-a-thons, and track and field days
- Personal goal setting by students, parents, and teachers in miles walked, pushups, and other activities (participants found that large graphs in the hallways that showed each person's mileage was a real incentive)

- Skiing, ice skating, and swimming outings
- Field day (one example, a Montana school buses students to a nearby university each Friday so that the students can receive instruction from physical education interns; at another site, the high school physical education teacher gave up prep time to teach elementary physical education)
- Use of students from high school physical education classes as assistant instructors for elementary classes (this incorporates peer instruction with self-esteem, in some cases, and career planning for the older students)
- Supervisors or volunteers open the school at night for activities that help keep your community members physically fit

Remember that physical education doesn't always have to be movement. Health instruction time can be used for height/weight assessment and instruction on different types of exercise such as isometric, anaerobic, and aerobic. Emphasis should also be placed on exercising safely and lifetime fitness. Local athletes, trainers, physical therapists, and doctors are excellent resources for visiting your classroom.

If your school does not have a gym, don't forget an obvious solution. Push aside the desks, put on some music, and move with the kids. Better yet, don't be

afraid to put on coats, boots, and hats and get outdoors to enjoy your world.

**"I never knew walking was part of P.E.  
It just clears my head."**

**—A Kindergarten Student**

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## E. Food Services

The Allensworth and Kolbe model defines food service as breakfast, lunch, and/or snacks served at the school and any nutrition education that is provided by the school.

In a small school, the lunch and breakfast programs are critical. Research shows that if children's hunger needs are not met, their learning ability is seriously impaired. Many children come to school hungry and often the school food program is the only access to a balanced diet they will have.

If you do not have a food service component in your school, a breakfast program is the least expensive and easiest to implement initially. Even the smallest, poorest school district can afford a breakfast program through the federal food-service program. Contact your state office of public instruction for more information.

As part of the team process in developing a healthier school-community, involve the food-service personnel in planning activities. They can be a great resource for teaching nutrition, cooking lessons, kitchen safety, and hygiene, and may help provide snacks that are healthy for students. Let them be a part of decisionmaking in this area for the school. Many times they are overlooked and not utilized as nutrition professionals.

Here are some ideas for improving nutrition:

- Encourage healthy snacks by offering free snacks as incentives and rewards
- Allow students to eat nuts, fruits, vegetables, or other healthy snacks during breaks in classwork
- Have students create menus in a contest for school lunch or breakfast
- Have a tasting party with international foods or unusual vegetables and fruits
- Incorporate nutrition into social studies units about places around the world
- Encourage the food-service personnel to offer unusual food choices from ethnically diverse groups
- Design a calm eating environment; add music and artwork in the room where lunch is eaten
- Communicate with your community about nutrition

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## F. Health Services

According to the Allensworth and Kolbe model, school health services mean the prevention, intervention, and remediation of specific health problems through the use of a nurse, doctor, dentist, social worker, or other specialist. Services may include programs such as first aid, screenings, immunizations, safety issues, and referrals.

If specialists are not available, be creative. You may have community members with special training, such as emergency medical technicians (EMT), police officers, and firefighters. Consider creating a consortium or co-op with other school districts to cover specialized services such as speech and language services, health nurses, or physical and occupational therapy. Several districts have contracts with higher education, and some schools are included in public health districts for medical needs.

Here are some examples of services that can add to your comprehensive health program:

- EMTs come into the classroom to teach basic CPR, and to conduct periodic blood pressure screenings for your teaching staff
- School nurses may teach sex education, personal safety issues, AIDS education, and personal hygiene, and conduct screenings for vision, hearing, speech, ADHD, scoliosis, and communicable diseases
- The U.S. Forest Service sends Smokey the Bear to teach about fire safety
- Local electrical companies come to talk about household electrical safety
- Volunteer firefighters teach about home fire safety
- Hunter-safety instructors teach gun safety
- Substance abuse programs conduct group and/or individual counseling
- A veterinarian or humane society representative teaches about animal care

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## G. Health Instruction

In Allensworth and Kolbe's definition of comprehensive health, curriculum and instruction include every grade level. Instruction needs to be sequential and developmental, and extend beyond the classroom and cognitive knowledge. The goal of health curriculum is to promote and develop wellness in addition to preventing disease, and to develop behaviors and attitudes in addition to knowledge.

When developing a curriculum, these resources can help:

- Commercial curriculum guides or frameworks
- Other school districts' curriculum guides
- State and federal health guidelines
- Professional association guidelines
- Materials from commercial organizations such as apple growers, dairy council, and wheat growers
- National associations and organizations such as heart, lung, and cancer
- Local health survey results
- Health committee and school staff identified needs

Here are some ways to develop curriculum:

1. Make charts for the 10 topics of health curriculum and list information from the above sources on each chart where appropriate, choosing the ones deemed necessary for your particular school. When all the information is included, edit and group topics into units of instruction. Decide when topics will be taught; sort by grade levels.
2. Start with a chart of the health instruction currently used in the district in each health topic area. Team members then decide what needs to be added, deleted, or adjusted. Again, the above resources will help in making these determinations. As a following step, it can be decided by whom and how the curriculum areas will be taught.
3. An existing curriculum guide can be chosen as a starting point by the committee or someone trained in health education. Then the guide can be adjusted using other resources to fit the unique needs of the school district.
4. Some schools find the task of creating curriculum too overwhelming to attempt. There are resource persons available from state departments or colleges who will provide inservice to help train school staff in health curriculum development.

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## H. Community Integration

Isolation issues are very real in our small schools. When you are feeling alone or in need of some assistance, reach out. The most important thing we learned in this SCHARP Project is that we are not alone. Others feel like we do. We are all on the front lines of rural America. There are others doing the same things, experiencing similar problems and applying similar coping strategies. What is happening in one state does not end at the border, but is also occurring in rural areas of the Northwest and elsewhere.

Rural educators wear many hats. We find ourselves writing curriculum, fixing generators, and counseling neighbors. It is easy to get burned out. School becomes your life. You may find yourself at school both day and night, and even on weekends. Keep in mind that your work is not your entire self. Explore your own purpose, remembering that the school will be there long after you have moved on. The students, school, and town will survive after you leave.

Believing that the work you are doing is making a difference and could continue is a sustaining thought. The professional term for this is *systemic change*. Accomplishing this is a slow process, but here are some practical tips:

- Work with the traditions of your community so the changes become *new* traditions

- Involve a broad base of people within the community
- Delegate responsibilities so that others have an idea of the purpose and its future
- Set and record short- and long-term goals
- Keep readable records and evaluations

The varieties of lifestyles and beliefs—moral, religious, and political—and changing family structures in our rural areas affect us as educators. You most likely have controversial issues to deal with. This will be especially noticeable when you approach historically debated areas of health curriculum. To avoid confusion and confrontation, please take time to respond to objections in a professional and thoughtful manner.

The important thing to remember is communication. Keep your community informed in a clear, honest way. Tell them before hand the what, when, where, why, and how of the topic you are addressing. Flexibility and openness seemed to help us all, as did a patient understanding of cultural and lifestyle differences. These attributes make modifying the lesson plan easier to accept. With the support of your administration and with good communication, a sensitively planned lesson will be accepted. You can earn community trust. Be patient, go slowly and trust your most gentle instincts as you meet challenges in comprehensive health education.

### **A Rural Educator's Guide to Survival**

1. Keep your sense of humor
2. Be flexible (rolling with the punches and shooting from the hip are rural traditions)
3. Be spontaneous
4. Dress well, even if only the students will see you
5. Use all the technology available—even if it's only a telephone
6. Share your enthusiasm
7. Celebrate the little joys in your life
8. Take time to nurture yourself physically and emotionally
9. Remain a lifelong learner
10. Listen to others
11. Strive to appreciate individuality, including your own
12. Be patient, especially with yourself

**"And we never get to the end; the process is continuing. You never have the perfect thing because people change, times change, and you just never get there."**

**—A SCHARP Teacher**

## PART III:

### Resource Ideas

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#### A. Troubleshooting: What if it Isn't Working?

There is a saying that the best-laid plans of mice and men tend to go awry. Such is true in developing a CSHP and working with rural schools and communities. Rural education means that what is unusual anywhere else is normal in your room. One of the realities in rural education is that what is written doesn't necessarily apply to what you have to face. We work in a variety of situations, ranging from isolated one/two-room schools with limited support services and financial resources, to larger rural schools with many teachers, specialized personnel, and larger budgets. Some teachers may teach one grade while another may teach grades K-12 in the same classroom. How do we deal with all of the grade levels that we are asked to teach? Don't panic, we can survive.

Teaching health in multigrade classrooms is no different from teaching any other subject. Fortunately there is a wealth of health resources available for us. When you order materials, specify your grade levels and student enrollment. If you choose to use a text, you will find that many of the same concepts are covered at different levels and can be identified through the scope and sequence for the text. Practical experience has taught us that a well-developed scope and sequence is a valuable tool in multigrade situations. We suggest

that you adjust the text to the curriculum outline and don't be afraid to skip around in the book.

One way to teach comprehensive health is to adopt a health curriculum that is based on a thematic approach. For the multigrade classroom, the thematic approach can be based on a three-year cycle. This sequential format makes it easier to gather materials and resources for future topics.

Listed below are points to consider when teaching health in the multigrade classroom:

- Plan and organize lessons carefully
- Vary presentation styles and topics
- Use learning centers that include several developmental levels
- Take thematic approaches
- Encourage peer tutoring
- Accommodate learning styles/individuality
- Include age-appropriate resources for all levels
- Monitor and adjust

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## **B. Community Resources**

There are many people and resources around that are just waiting to have you call or write, and would be eager to assist you. All you have to do is ask. Many times, other people will refer you to others whom we have not listed. Sometimes the uniqueness of your situation will get you many free materials that will make your job easier.

### **1. National Associations, Organizations, and Federal Agencies**

#### **Action on Smoking and Health (ASH)**

2013 H Street NW  
Washington, DC 20006  
(202) 659-4310

#### **Adolescent and School Health Division**

National Center for Chronic Disease Prevention and Health Promotion  
Centers for Disease Control  
1600 Clifton Rd. NE  
Atlanta, GA 30333  
(404) 488-5365

#### **Advocates For Youth**

1025 Vermont Ave. NW, Suite 200  
Washington, DC 20005  
(202) 347-5700

#### **Al-Anon Family Group Headquarters**

PO Box 862  
Midtown Station  
New York, NY 10018  
(212) 302-7240  
(800) 356-9996

#### **Alcoholics Anonymous World Services**

475 Riverside Dr.  
New York, NY 10163  
(212) 870-3400

#### **Alzheimer's Association**

919 N. Michigan Ave., Suite 1000  
(312) 335-8700  
(800) 272-3900

#### **American Academy of Pediatrics**

PO Box 927  
Elk Grove Village, IL 60009-0927  
(708) 228-5005

#### **American Alliance for Health, Physical Education, Recreation and Dance**

1900 Association Dr.  
Reston, VA 22091  
(703) 476-3400

**American Association for Cancer Education**

M.D. Anderson Cancer Center  
Dept. of Epidemiology, 189  
1515 Holcombe Blvd.  
Houston, TX 77030  
(713) 792-3020

**American Association of Poison Control Centers**

3201 New Mexico Ave. NW, Suite 310  
Washington, DC 20016  
(202) 362-7217

**American Cancer Society**

1599 Clifton Rd. NE  
Atlanta, GA 30329  
(404) 320-3333  
(800) 227-2345

**American Dental Association**

211 East Chicago Ave.  
Chicago, IL 60611  
(312) 440-2500

**American Diabetes Association**

PO Box 25757  
Alexandria, VA 22314  
(703) 549-1500  
(800) ADA-DISC

**American Foundation for AIDS Research**

733 Third Ave.  
New York, NY 10097  
(212) 682-7440  
(800) 39-AMEAR

**American Foundation for Vision Awareness**

243 N. Lindbergh Blvd.  
St. Louis, MO 63141  
(800) 927-2382

**American Health Foundation**

320 E. 3rd St.  
New York, NY 10017  
(212) 953-1900

**American Heart Association**

7272 Greenville Ave.  
Dallas, TX 75231-4596  
(214) 373-6300  
(800) 242-1793

**American Lung Association**

1740 Broadway  
New York, NY 10019-4374  
(212) 315-8700

**American Medical Association**

515 N. State St.  
Chicago, IL 60610  
(312) 464-5000

**American Mental Health Counselors Association**

c/o American Counseling Association  
5999 Stevenson Ave.  
Alexandria, VA 22304-3300  
(703) 823-9800  
(800) 326-2642

**American Nurses Association**

600 Maryland Ave. SW, Suite 100W  
Washington, DC 20024-2571  
(202) 651-7000

**American Psychiatric Association**

1400 K St. NW  
Washington, DC 20005  
(202) 682-6000

**American Public Health Association**

1015 15th St. NW  
Washington, DC 20005  
(202) 789-5600

**American Red Cross National Headquarters**

431 18th St. NW  
Washington, DC 20006  
(202) 737-8300

**American School Food Service Association**

1600 Duke Street, 7th Fl.  
Alexandria, VA 22314  
(703) 739-3900  
(800) 877-8822

**American School Health Association**

PO Box 708  
Kent, OH 44240  
(216) 678-1601

**American Society for Healthcare Education  
and Training**

840 N. Lake Shore Dr.  
Chicago, IL 60611  
(312) 280-3556  
(800) 621-6712

**Association for the Advancement of Health Education**

1900 Association Dr.  
Reston, VA 22091  
(703) 476-3437

**Association for the Care of Children's Health**

7910 Woodmont Ave., Suite 300  
Bethesda, MD 20814  
(301) 654-6549

**Association of Maternal and Child Health Programs**

1350 Connecticut Ave. NW, Suite 803  
Washington, DC 20036  
(202) 775-0436

**Association for Retarded Citizens**

500 E. Border St., Suite 300  
Arlington, TX 76010  
(817) 261-6003

**Asthma and Allergy Foundation of America**

1125 15th St. NW, Suite 502  
Washington, DC 20005  
(202) 466-7643  
(800) 7-ASTHMA

**Cancer Information Service**

Office of Cancer Communications  
NCI/NIH Bldg. 31, Room 10A07  
9000 Rockville Pike  
Bethesda, MD 20892  
(800) 4-CANCER

**Centers for Disease Control National AIDS  
Clearinghouse**

PO Box 6003  
Rockville, MD 20849-6003  
(800) 458-5231

**Children and Adults with Attention Deficit Disorder**

499 NW 70th Ave., Suite 109  
Plantation, FL 33317  
(305) 587-3700

**Children's Health and Fitness Fund**

PO Box 2882  
Reston, VA 22090  
(703) 715-8536

**Clearinghouse on Disability Information**

U.S. Dept. of Education  
Office of Special Education &  
Rehabilitative Services  
Switzer Bldg., Room 3132  
Washington, DC 20202-2524  
(202) 205-8241

**Comprehensive Health Education Foundation**

22323 Pacific Hwy. S.  
Seattle, WA 98198  
(206) 824-2907

**Consumer Education Research Center**

350 Scotland Rd.  
Orange, NJ 07050  
(202) 676-6663  
(800) 872-0121

**Consumer Information Center**

18 F St. NW, Room G-142  
Washington, DC 20405  
(202) 501-1794

**Consumer Product Safety Commission**

4330 East West Hwy.  
Bethesda, MD 20814  
(301) 504-0580  
(800) 638-2772

**Cystic Fibrosis Foundation**

6931 Arlington Rd, No. 200  
Bethesda, MD 20814  
(301) 951-4422  
(800) 344-4823

**Environmental Protection Agency**

Public Information Center  
401 M St. SW  
Washington, DC 20460  
(202) 260-2080

**Epilepsy Foundation of America**

4351 Garden City Dr.  
Landover, MD 20785  
(301) 459-3700  
(800) EFA-1000

**Food and Drug Administration**

Office of Consumer Affairs  
Public Inquiries  
Parklawn Bldg.  
5600 Fishers Ln.  
Rockville, MD 20857  
(301) 443-3170

**Food and Nutrition Information Center**

National Agricultural Library Bldg.  
Beltsville, MD 20705  
(301) 504-5755

**Health Education Resource Organization (AIDS)**

101 W. Read St., Suite 825  
Baltimore, MD 21201  
(410) 685-1180

**Health Information Council**

5024 Campbell Blvd., Suite H  
Baltimore, MD 21236  
(410) 931-9399  
(800) 527-5344

**Juvenile Diabetes Foundation International**

432 Park Ave. South  
New York, NY 10016-8013  
(212) 889-7575  
(800) JDF-CURE

**Leukemia Society of America**

600 Third Ave.  
New York, NY 10016  
(212) 573-8484  
(800) 955-4LSA

**Lyme Disease Foundation**

1 Financial Plaza, 18th Fl.  
Hartford, CT 06103  
(203) 525-2000  
(800) 886-LYME

**March of Dimes Birth Defects Foundation**

1275 Mainaroneck Ave.  
White Plains, NY 10605  
(914) 428-7100

**Mothers Against Drunk Driving**

511 E. John Carpenter Fwy., No. 700  
Irving, TX 75062  
(214) 744-6233  
(800) GET-MADD

**Multiple Sclerosis Foundation**

6350 N. Andrews Ave.  
Fort Lauderdale, FL 33309  
(305) 776-6805  
(800) 441-7055

**Muscular Dystrophy Association**

3300 E. Sunrise Dr.  
Tucson, AZ 85718  
(602) 529-2000

**Narcotic Educational Foundation of America**

5055 Sunset Blvd.  
Los Angeles, CA 90027  
(213) 663-5171

**Narcotics Anonymous**

PO Box 9999  
Van Nuys, CA 91409  
(818) 780-3951

**National Association of  
Emergency Medical Technicians**

102 W. Leake St.  
Clinton, MS 39056  
(601) 924-7744  
(800) 34-NAEMT

**National Association for Hearing and Speech Action**

10801 Rockville Pike  
Rockville, MD 20852  
(301) 897-8682  
(800) 638-8255

**National Association of Pediatric Nurse Associates  
and Practitioners**

1101 Kings Hwy. N., No. 206  
Cherry Hill, NJ 08034  
(609) 667-1773

**National Association for Rural Mental Health**

PO Box 570  
Wood River, IL 62095  
(618) 251-0589  
(618) 251-6246

**National Association of School Nurses**

PO Box 1300  
Scarborough, ME 04070  
(207) 883-2117

**National Association of School Psychologists**

8455 Colesville Rd., Suite 1000  
Silver Spring, MD 20910  
(301) 608-0500

**National Center for Education in  
Maternal and Child Health**

2000 15th St. N., Suite 701  
Arlington, VA 22201-2617  
(703) 524-7802

**National Center for Health Education**

72 Spring St., Suite 208  
New York, NY 10012-4019  
(212) 334-9470

**National Child Safety Council**

PO Box 1368  
Jackson, MS 39204  
(517) 764-6070  
(517) 764-3068

**National Children's Eye Care Foundation**

PO Box 795069  
Dallas, TX 75379-5069  
(214) 407-0404

**National Clearinghouse on Child Abuse and Neglect**

PO Box 1182  
Washington, DC 20013-1182  
(703) 385-7565  
(800) 394-3366

**National Coalition For School Bus Safety**

PO Box 781  
Skokie, IL 60076  
(708) 679-2694

**National Council on Alcoholism and Drug Dependence**

12 W. 21st St.  
New York, NY 10010  
(212) 206-6770  
(800) NCA-CALL

**National Dairy Council**

10255 W. Higgins Rd., Suite 900  
Rosemont, IL 60018-5616  
(708) 803-2000

**National Diffusion Network**

OERI  
US Dept. of Education  
555 New Jersey Ave. NW  
Washington, DC 20208-5645  
(202) 219-2134

**National Easter Seal Society**

230 W. Monroe  
Chicago, IL 60606  
(312) 726-6200

**National Eating Disorders Organization**

445 E. Granville Rd.  
Worthington, OH 43085  
(614) 436-1112

**National Fire Protection Association**

PO Box 9101  
Quincy, MA 02269-9101  
(617) 770-3000

**National Foundation for Infectious Diseases**

4733 Bethesda Ave., Suite 750  
Bethesda, MD 20814  
(301) 656-0003

**National Health Information Center**

Office of Disease Prevention & Health Promotion  
Public Health Service  
PO Box 1133  
Washington, DC 20013-1133  
(301) 565-4167  
(800) 336-4797

**National Heart, Lung, and Blood Institute**

National Institutes of Health  
Bldg. 31  
9000 Rockville Pike  
Rockville, MD 20892  
(301) 435-0119

**National Hemophilia Foundation**

110 Greene St., Suite 303  
New York, NY 10012  
(212) 219-8160

**National Highway Traffic Safety Administration**

400 7th St. SW  
Washington, DC 20590  
(202) 366-9550  
(202) 366-2588

**National Information Center for Children and Youth With Disabilities**

PO Box 1492  
Washington, DC 20013  
(202) 894-8200  
(800) 695-0285

**National Information Center on Deafness**

Gallaudet University  
800 Florida Ave. NE  
Washington, DC 20002-3695  
(202) 651-5051

**National Institute on Alcohol Abuse and Alcoholism**

Willco Bldg.  
6000 Executive Blvd.  
Rockville, MD 20852  
(301) 443-3885

**National Institute of Diabetes and Digestive and Kidney Diseases**

National Institutes of Health  
9000 Rockville Pike, Bldg. 3  
Rockville, MD 20892  
(301) 496-6983

**National Institute on Drug Abuse**

Parklawn Bldg.  
5600 Fishers Ln.  
Rockville, MD 20857  
(301) 443-6910

**National Institute for Mental Health**

Parklawn Bldg.  
5600 Fishers Ln.  
Rockville, MD 20857  
(301) 443-4513

**National Institute for Occupational Safety and Health**

Robert Taft Laboratories  
Educational Resource Development  
4676 Columbia Pkwy.  
Cincinnati, OH 45226  
(513) 533-8241

**National Kidney Foundation**

30 East 33rd St., Suite 1100  
New York, NY 10016  
(212) 889-2210  
(800) 622-9010

**National Maternal and Child Health Clearinghouse**

8201 Greensboro Dr., Suite 600  
McLean, VA 22102-3810  
(703) 821-8955

**National Mental Health Association**

1021 Prince St.  
Arlington, VA 22314-2971  
(703) 684-7722  
(800) 969-NMHA

**National Multiple Sclerosis Society**

733 3rd Ave.  
New York, NY 10017  
(212) 986-3240  
(800) FIGHT-MS

**National Organization for Rare Disorders**

PO Box 8923  
New Fairfield, CT 06812-8923  
(203) 746-6518  
(800) 999-NORD

**National Rural Health Association**

301 E. Armour Blvd., Suite 420  
Kansas City, MO 64111  
(816) 756-3140

**National Safety Council**

1121 Spring Lake Dr.  
Itasca, IL 60143-3201  
(708) 285-1121

**National School Boards Association**

1680 Duke St.  
Alexandria, VA 22314  
(703) 838-6722

**National School Safety Center**

4165 Thousand Oaks Blvd., Suite 290  
Westlake Village, CA 91362  
(805) 373-9977

**National Wellness Association**

1045 Clark St., Suite 210  
Stevens Point, WI 54481-2962  
(715) 342-2969

**Nutrition Education Association**

PO Box 20301  
Houston, TX 77225  
(713) 665-2946

**Nutrition for Optimal Health Association**

PO Box 380  
Winnetka, IL 60093  
(708) 786-5326

**Office of Disease Prevention and Health Promotion**

Department of Health and Human Services  
Switzer Bldg.  
330 C St. SW  
Washington, DC 20201  
(202) 205-8180

**Office of Smoking and Health**

National Center for Chronic Disease Prevention and  
Health Promotion  
Rhodes Bldg. Koger Ctr.  
2858 Woodcock Blvd.  
Atlanta, GA 30341  
(404) 488-5707

**Orton Dyslexia Society**

Chester Bldg., Suite 382  
8600 LaSalle Rd.  
Baltimore, MD 21286-2044  
(410) 296-0232  
(800) ABCD-123

**Parkinson's Educational Program-USA**

3900 Birch St., No. 105  
Newport Beach, CA 92660  
(714) 250-2975  
(800) 344-7872

**Planned Parenthood Federation of America**

810 7th Ave.  
New York, NY 10019  
(212) 541-7800

**President's Council on Physical Fitness and Sports**

Market Square East  
701 Pennsylvania Ave. NW  
Washington, DC 20004  
(202) 272-3431

**Prevent Blindness America**

500 E. Remington Rd.  
Schaumburg, IL 60173  
(708) 843-2020  
(800) 331-2020

**Sickle Cell Disease Association of America**

200 Corporate Point, Suite 495  
Culver City, CA 90230-7633  
(310) 216-6363  
(800) 421-8453

**Society for Nutrition Education**

2001 Killebrew Dr., Suite 340  
Minneapolis, MN 55425-1882  
(612) 854-0035

**Society for Occupational and Environmental Health**

6728 Old McLean Village Dr.  
McLean, VA 22101  
(703) 556-9222

**Society for Public Health Education**

2001 Addison St., Suite 220  
Berkeley, CA 94704  
(510) 644-9242

**Society of State Directors of Health,  
Physical Education and Recreation**

9805 Hillridge Dr.  
Kensington, MD 20895  
(301) 949-0709

**Teens Teaching AIDS Prevention**

3030 Walnut  
Kansas City, MO 64108  
(816) 561-8784  
(800) 234-8336

**United Cerebral Palsy Associations**

1522 K St. NW, Suite 1112  
Washington, DC 20005  
(202) 842-1266  
(800) USA-5UCP

**U.S. Department of Agriculture**

Food and Nutrition Service  
14th St. and Independence Ave. SW  
Washington, DC 20250  
(202) 720-3037  
(800) 633-7701

## **2. State Affiliate Associations and Agencies**

A variety of additional resources is available through several state-level agencies and organizations. Contact your State Department of Education office and ask about materials for health education, health services, nutrition services, and special education. The State Office of Public Health can provide information and resources on community health, child and family

health, and mental health services for your school and community. In addition, many of the national associations and organizations have state and local affiliates that offer print resources and possible individuals who can visit your classroom and school. Check your local telephone directory or contact the national organizations and ask about local chapters in your area. Finally, your local colleges and universities may have school and/or community health programs from which information and assistance may be sought.

**"I know one of the things I needed once I started was a lot of addresses of resources—agencies like American Heart Association, Dairy Council . . . I wish I'd had that address, a general list of places and people to help me get going."**

**—A SCHARP Teacher**

## Epilogue

Dear Reader,

If you are here at the end of this idea book, you may be feeling a bit overwhelmed. So did we when we finished our training on how to set up a community-school comprehensive health program. But our hope is that you are also feeling something else we felt—a burning desire to improve the health program in your school. (We also hope that you now have a better knowledge of what that involves.)

Writing this idea book has been a satisfying process. It helped us compile three years of learning and doing, and to truly validate its worth.

We can't just hope health happens. We all need to work together to see that it does. If our schools and communities aren't healthy, then everything else we work so hard for won't be as successful either. As you begin your health plan, take heart in knowing that we are still working on our health programs, too. Reading this idea book has been a good start for you. Not everything in here may be for you. Take one new idea and try it. If you help one person, you have helped change statistics.

Hang in there! Keep planning. Keep dreaming. You *will* keep seeing results.

The SCHARP Authors

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Sherman, A. (1992). *Falling by the wayside*. Washington, DC: Children's Defense Fund.